



Cipriani Place
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Port of Spain
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YOUTH ROOM RETRIEVAL FORM

Please complete this form in **BLOCK LETTERS**.

Date _____

I retrieved _____ from the Youth Room at ____ am/pm
Name of child/children.

and was confident that good care was given to my child/children while they were in the care of the Youth Officers. I also checked and found that all items that were left in the care of the Youth Officers were returned and in the same condition as when I left them.

Signature of Parent/guardian

Signature of Youth Officer

Adjournment date _____
Remanded to _____
Released in custody of _____
Remarks _____
